

PRINTED: 11/18/2010
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2010
NAME OF PROVIDER OR SUPPLIER EAST TENNESSEE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 465 ISBILL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During the Life Safety Code portion of the licensure survey on November 16-17, 2010, the East Tennessee Health Care Center was not cited deficiencies from Chapter 1200-8-6, Standards of Nursing Homes.	N 000	<p>K070 con't from 4 of 4</p> <p>3. On 11/29/2010 the Maintenance Supervisor contacted Bolinger Heating and Air, Certified Electricians, and requested temperatures taken and recorded. On 12/01/2010 a Bolinger Heating and Air Certified Electrician completed the testing and verified on low heat/high fan the recorded temperature after approximately ten (10) minutes did not exceed 117 F/44 C and on high heat/high fan the recorded temperature after approximately ten (10) minutes did not exceed 176 F/82 C.</p> <p>4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for compliance through weekly recorded heating element out- puts for q four (4) weeks. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during monthly QA Safety Committee Meeting.</p> <p>K147 NFPA 101</p> <p>SS=F</p> <p>Life Safety Code Standard</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electric Code 9.1.2.</p> <p>Corrective Actions:</p> <p>1. On 11/29-30/2010 the facility Maintenance Supervisor purchased the required supplies and relocated remote annunciator at a regular workstation or provided with a derangement signal in an area constantly attended. The annunciator relocated adjacent to the nurses' station which is a workstation area constantly attended.</p> <p>2. On 11/15-18-24/2010 all Audio Signaling Devices tested and recorded to facility/ corporate computerized maintenance log to ensure no other residents having the potential to be affected by the same deficient practice.</p>	12/01/2010

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8899

23PP21

If continuation sheet 1 of 1

(X6) DATE

12/03/2010

PRINTED: 11/19/2010
FORM APPROVED

Division of Health Care Facilities

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N 000	Initial Comments	N 000	K147 NFPA 101 con't from 1 of 1 3. Facility Administrator, Maintenance Supervisor and Corporate Project Manager will ensure all new Audio Signaling Devices are tested and maintained per compliance with NFPA 99, 1999 Ed., 16-3.3.2.3-5, 3-4.1.1.15. 4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for compliance weekly/monthly through routine facility rounds and scheduled maintenance inspections. The Administrator, Maintenance Supervisor, and Corporate Project Manager will ensure compliance via facility/corporate Computerized maintenance log monthly. The Administrator, Maintenance Supervisor, and/or designee will ensure compliance daily Leadership and monthly QA/QI meetings.		11/30/2010

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator TITLE

(X6) DATE

12/03/2010